

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		8	02/27/01
FORMALITY REVIEW	KL	1019	05-18-01
RESPONSE FORMALITY REVIEW	GAP RJM	1110 fsl	E-31-01 10-22-01

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 -: ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
4	2/5
4	7/19
4	02/03/03
1	✓
3	
4	
5	
6	✓
7	✓
8	
9	
10	✓
11	○
12	==
13	==
14	
15	
16	✓
17	✓
18	✓
19	
20	
21	
22	○
23	✓ ✓
24	○ ○
25	
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27	
28	
29	
30	
31	○ ○
32	✓ ✓
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43	
44	
45	✓
46	○ ○
47	○ ○
48	✓ ✓
49	
50	✓ ✓

Claim	Date
Final	
Original	
4	2/5
4	7/19
4	02/03/03
51	00
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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 H-5  
 1/8-01  
 5-13  
 08-21-01  
 REC'D 8860  
 10-22-01